

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SL		10-10-01
O.I.P.E. CLASSIFIER			10/17/01
FORMALITY REVIEW	P.B.	1137.	10/30/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numerals) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original 7	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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